

SHARP LEAD REGISTRY**Case Follow-up
Mail Interview Form**

Case ID # _____
(for office use only)

Please update or complete any missing information in the top portion. Complete the bottom portion and return to us in the envelope provided. Please call (360) 902-5669 or toll free at 888-667-4277 if you have any questions. Thank you.

Name _____

Date of Birth _____

Address _____

Age _____

Gender ☐ M ☐ F

County _____

Phone _____

Blood Lead Level _____ µg/dl

Date of Test _____

Health Care Provider _____ HCP ID # _____

Today's date ____/____/____
mo day yr

1. What was your occupation (job title) at the time of this blood lead test? _____

Please describe your main job task(s): _____

2. Who was your employer at the time of this blood lead test? _____

3. Employer's address (if known) _____

4. Who suggested you have your blood tested for lead? ☐ company ☐ doctor ☐ self ☐ other _____

5. How many other employees at your workplace are exposed to lead? _____

6. Does your workplace have any of the following lead protection measures? (Mark all that apply)

☐ Ventilation System ☐ Respiratory Protection ☐ Lead Training ☐ Clean Showers

7. Has your employer changed anything in the workplace since your blood lead was tested? ☐ Yes ☐ No

Please describe: ☐ Changed work process or materials ☐ Installed ventilation ☐ Started lead Training

☐ Shifted me to lead-free job ☐ Other: _____

8. May we contact your employer to send them materials on lead exposure? ☐ Yes ☐ No

If no, why not? _____ ☐ Prefer not to answer

9. Do you live with any children under the age of 6? ☐ Yes ☐ No How many? _____

10. Do you live with any pregnant or potentially pregnant women? ☐ Yes ☐ No

(If yes, seek blood lead testing for these people due to possible take-home lead exposures)

11. Are you of Hispanic origin? ☐ Yes ☐ No

12. What race are you? ☐ American Indian, Alaskan Native ☐ Asian ☐ Black
☐ White ☐ Native Hawaiian or other Pacific Islander race
☐ Other